FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

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This report is mandatory under P L. 86-257 as amended Failure to compty may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| 1 File Number U 10576 | 2 Fiscal Year Covered From |
|---|--|
| · | 0/ 0/ 2004 Through 12 / 37 / 2004 |
| 3 Name and address of person filing | 4 Name file number and address of labor organization |
| Name David M. Spellmeyer | Name USWA Local 1863 |
| | Labor Organization File Number 000-094 |
| PO Box Bldg Room No if any | PO Box Building and Room Number if any Po 30x 1472 |
| Street 624 Washington | Street 1414 2012 5T |
| City H-ghland | City Grante Cty |
| State TLUNOIS ZIP Code + 4 62149 | · |
| 5 Position in labor organization PRESIDENT | |
| | |
| Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) | |
| A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent | |
| 6 Name and address of Employer (including trade name if any) | 7 a Nature of Interest, Transaction or Income |
| Name | |
| Trade Name If any | |
| | |
| PO Box Bldg Room No if any | 7 b Amount. |
| Street | |
| City (~ f ga //) | |
| 1 1 7 (| 161 July 1 |
| State ZIP Code + 4, | h t ^ t μω i σ |
| Signature | |
| 15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions.) | |
| 0,11 | Mr. |
| Signed Clavel Spellmyn | On 8/205 6/8 452 1063 Date Telephone Number |
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| Name of Person Filing David M. Spellmeger | File Number U | |
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| B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested | | |
| 8 Name and address of Business (including trade name if any) Name Becker Colecti P.C Trade Name if any PO Box Bldg Room No if any PO 30X 488 Street | 9 Business deals with a Labor Organization b Trust c Employer | |
| State TLLINOIS ZIP Code +4 62040 | | |
| 10 If 9 b or 9 c. is checked give trust or employer's name Name Trade Name if any P O Box Bidg Room No if any Street City State ZIP Code + 4 | Baseball Trckets for ST Louis Cards STEAKS 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received | |
| | 12 b Amount | |
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value | | |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) | 14 a Nature of payment | |
| Name | | |
| P O Box Bidg Room No if any Street | | |
| City | | |
| State ZIP Code + 4 | | |
| 13 b Is the Business an Employer or Consultant ? | 14 b Amount of payment | |